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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>163</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>399</u>
Town of _____			Local Registrar No. _____
or			
City of <u>Globe</u>	No. _____	St. _____	Ward _____
2. Full name of child <u>Bertha Hernandez</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____		7. Date of birth <u>June 26 1923</u>	
8. FATHER		14. MOTHER	
Full name <u>Locadio Hernandez</u>		Full maiden name <u>Julia Padia</u>	
9. Residence (Usual place of abode) <u>Globe Ariz.</u>		15. Residence (Usual place of abode) <u>Globe Ariz.</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>29</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Morenci Ariz.</u>	(State or country)	18. Birthplace (city or place) <u>Morenci Ariz.</u>	(State or country)
13. Occupation <u>Miner</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>3</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2:45 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>	
Address <u>Globe Arizona</u>		(Physician or midwife)	
Given name added from _____		Filed <u>6-30-23</u> <u>B.G. Joy</u>	
a supplemental report _____		Filed <u>7-6-23</u> <u>B.G. Joy</u>	
Month, day, year.		Local Registrar.	
Registrar.		County Registrar.	

289-626-171